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Intervet Inc. 405 State Street P.O. Box 318 Millsboro, DE 19966 (302) 934-8051

December 5, 2003

6...pages including cover sheet.

PERSON TO: **COMPANY/DEPT TO: FAX NUMBER:**

Examiner S. Foley

Group Art Unit 1648

703 872 9306

PERSON FROM:	COMPANY/DEPT FROM:	FAX NUMBER:

Mark W. Milstead

Intervet, Millsboro Patent Department 302 934 4305

RE: USSN 09/839796

Docket Number 2000.552 US

Please accept the documents that follow in the above-identified application:

Petition to Withdraw Holding of Abandonment (3 pages) Copy of Issue Fee Transmittal from 9/12/2003 (1 page) Copy of Fax Receipt from 9/12/2003 (1 page)

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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

BY:

Date: 12 5/2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: THIEL et al.

Serial No.:

09/839,796

Group:

1648

Filed:

April 9, 2001

Examiner: S. Foley

For:

PESTIVIRUS MUTANTS AND VACCINES CONTAINING THE

SAME

Petition to Withdraw Holding of Abandonment Under 37 CFR § 1.181(a)

Commissioner for Patents Mail Stop Issue Fee Alexandria, VA 22313 December 5, 2003

Sir:

In response to the Notice of Abandonment of November 21, 2003, Applicants respectfully submit the following requests and remarks.

Timely Paid Issue Fee

Applicants respectfully assert that the Issue Fee was timely paid as evidenced by the enclosed Issue Fee Transmittal with Certificate of Transmission dated September 12, 2003 and the fax

Attorney Docket NO. I/2000.552 US

receipt showing the successful transmission of the Issue Fee Transmittal on September 12, 2003.

Applicants have filed this petition under 37 C.F.R. §1.81 within 2 months of the mail date of the Notice of Abandonment. Applicants evidence conforms to 37 C.F.R. §1.8(b) certificate of mailing.

Patent Term Extension

Applicants respectfully request the recalculation of the patent term in light of the delay due to the improper Notice of Abandonment.

Conclusion

If necessary, the Commissioner is hereby authorized in this, concurrent, and further replies, to charge payment or credit any overpayment to Deposit Account No. 02-2334 for any additional

Dec 05 03 02:17p Intervet Inc.

Attorney Docket NO. I/2000.552 US

fees required under 37 C.F.R. §1.16 or under 37 C.F.R. §1.17; particularly extension of time fees.

Respectfully submitted,

Patent Counsel

Registration No. 45,825

Attorney Docket NO. I/2000.552 US

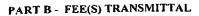
Akzo Nobel Pharma Patent Department 405 State Street P.O. Box 318

Millsboro, DE 19966 Tel: (302) 934-4395

Fax: (302) 934-4305

Enclosure:

Copy of Issue Fee Transmittal of 9/12/2003 Copy of Fax Confirmation Receipt of 9/12/2003



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450

(703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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06/13/2003 7590

WILLIAM M. BLACKSTONE PATENT DEPARTMENT INTERVET INC **405 STATE STREET** MILLSBORO, DE 19966

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I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Mark	(A)_	Axils	tea	,	^	(Depositor's name
Mark	W.	M	14	2/		(Signeture
Sept	-1.6					(Date
						PALATION NO

FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 2000.552 US Heinz-Jurgen H.J. Thiel 04/19/2001 09/839,796

TITLE OF INVENTION: PESTIVIRUS MUTANTS AND VACCINES CONTAINING THE SAME

EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS FOLEY, SHANON A 1648 424-218100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. O "Fee Address" indication for "Fee Address" Indication form PTO/SB/122 or more recent) attached. Use of a Customer Number is required. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignmen been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignmen. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent) A CLASS-SUBCLASS 424-218100 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignmen been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignmen. (B) RESIDENCE: (CITY and STATE OR COUNTRY) THE NUMBER OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) A Payment of Fec(s): 10 A check in the amount of the fec(s) is enclosed. UP Payment by credit card. Form PTO-2038 is attached.	APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Nether lands Please check the appropriate assignce category or categories (will not be printed on the patent) (a) The following fee(s) are enclosed: (b) Payment of Fee(s): (c) A check in the amount of the fee(s) is enclosed. (d) Payment by weed and Form PTO-2038 is interfeed.	CFR 1.363). Change of corresponde Address form PTO/SB/1: "Fee Address" indicate PTO/SB/47; Rev 03-02	ence address (or Change of 22) attached.	f Correspondence	the names of up to 3 registered or agents OR, alternatively, (2) single firm (having as a mem attorney or agent) and the nat registered patent attorneys or ag	patent attorneys the name of a ber a registered nes of up to 2 willing cents. If no name	w. Milstend m. M. Blausfor		
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